

*Law Offices of David G. Eisenstein, P.C.*

David G. Eisenstein  
Also Admitted in Arizona  
2111 S. El Camino Real, Suite 202  
Oceanside, California 92054

RECEIVED

2014 OCT 23 AM 10:40

FEC MAIL CENTER

October 22, 2014

Federal Election Commission  
999 E Street, N.W.  
Washington, DC 20463

VIA UPS

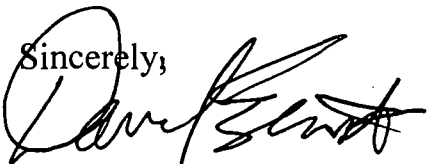
Re: FEC FORM 3X for period ending October 15, 2014 (Pre-General Report)/Monstah Pac political committee/Submitted herewith for filing/ID# C00529107

Dear Sir/Madame:

Please find enclosed the completed Monstah Pac political committee's FEC FORM 3X Pre-General Report for filing for the period ending October 15, 2014.

Please advise me of any questions you may have about the enclosed. Thank you for your cooperation in this matter.

Sincerely,



David Eisenstein,  
Treasurer of Monstah Pac

DE/dge  
encl.

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

RECEIVED  
2014 OCT 23 AM 10:4  
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Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

Monstah Pac

ADDRESS (number and street)

2588 El Camino Real, Suite F, #139



Check if different  
than previously  
reported. (ACC)

Carlsbad

CA

92008

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C 00529107

3. IS THIS  
REPORT



NEW  
(N)

OR



AMENDED  
(A)

4. TYPE OF REPORT  
(Choose One)

(a) Quarterly Reports:



April 15  
Quarterly Report (Q1)



July 15  
Quarterly Report (Q2)



October 15  
Quarterly Report (Q3)



January 31  
Year-End Report (YE)



July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)



Termination Report  
(TER)

(b) Monthly  
Report  
Due On:



Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)



Nov 20 (M11)  
(Non-Election  
Year Only)



Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)



Dec 20 (M12)  
(Non-Election  
Year Only)



Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day  
PRE-Election  
Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

in the  
State of

State

(d) 30-Day  
POST-Election  
Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

in the  
State of

State

5. Covering Period

10 / 01 / 2014

10 / 15 / 2014

through

10 / 15 / 2014

10 / 22 / 2014

10 / 22 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

David G. Eisenstein

Signature of Treasurer

X

*David G. Eisenstein*

Date

10 / 22 / 2014

10 / 22 / 2014

10 / 22 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only

**FEC FORM 3X**  
Rev. 12/2004

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Monstah Pac

Report Covering the Period:

From:

10 / 01 / 2014

To:

10 / 15 / 2014

|   | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand<br>January 1, 2014  |                         | \$136.63                          |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....   | \$16.63                 |                                   |
| (c) Total Receipts (from Line 19) .....   | 1,600.00                | \$10,018.60                       |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B) .....      | \$1,616.63              | \$10,145.23                       |
| 7. Total Disbursements (from Line 31) .....   | \$1,540.32              | \$10,862.42                       |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)) .....                 | \$136.63                | \$136.63                          |
| 9. Debts and Obligations Owed TO<br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | 0                       |                                   |
| 10. Debts and Obligations Owed BY<br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) ..... | \$6,704.60              |                                   |



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Report Covering the Period: From:

07 / 01 / 2014

To:

09 / 30 / 2014

## **I. Receipts**

**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

**11. Contributions (other than loans) From:**

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

\$1,500.00

\$2,065.00

(ii) Unitemized.....

0

0

(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

\$1,500.00

\$2,065.00

(b) Political Party Committees.....

0

0

(c) Other Political Committees (such as PACs).....

0

0

(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶

\$1,500.00

\$2,065.00

**12. Transfers From Affiliated/Other Party Committees.....**

0

0

**13. All Loans Received.....**

\$100.00

\$6,454.60

**14. Loan Repayments Received.....**

0

0

**15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....**

0

0

**16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....**

0

0

**17. Other Federal Receipts (Dividends, Interest, etc.).....**

0

0

**18. Transfers from Non-Federal and Levin Funds**

(a) Non-Federal Account (from Schedule H3).....

0

0

(b) Levin Funds (from Schedule H5).....

0

0

(c) Total Transfers (add 18(a) and 18(b))..

0

0

**19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶**

\$1,600.00

\$8,519.60

**20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶**

\$1,600.00

\$8,519.60

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

## **II. Disbursements**

**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

21. Operating Expenditures:  
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)  
(i) Federal Share .....

0

0

- (ii) Non-Federal Share.....

0

0

- (b) Other Federal Operating Expenditures .....

\$290.32

\$4,380.76

- (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....

\$290.32

\$4,380.76

22. Transfers to Affiliated/Other Party Committees.....

0

0

23. Contributions to Federal Candidates/Committees and Other Political Committees.....

0

0

24. Independent Expenditures (use Schedule E) .....

0

\$5,231.52

25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....

0

0

26. Loan Repayments Made.....

\$1,250.00

\$1,250.00

27. Loans Made.....

0

0

28. Refunds of Contributions To:  
(a) Individuals/Persons Other Than Political Committees .....

0

0

- (b) Political Party Committees .....

0

0

- (c) Other Political Committees (such as PACs).....

0

0

- (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....

0

0

29. Other Disbursements .....

0

0

30. Federal Election Activity (2 U.S.C. §431(20))

- (a) Allocated Federal Election Activity (from Schedule H6)

- (i) Federal Share .....

- (ii) "Levin" Share.....

- (b) Federal Election Activity Paid Entirely With Federal Funds .....

- (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).....

31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..

\$1,480.00

\$10,862.42

32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....

\$1,480.00

\$10,862.42

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Ex-<br>penditures                                   | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>(from Line 11(d), page 3) .....        | \$1,500.00                    | \$2,065.00                        |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                            | 0                             | 0                                 |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....    | \$1,500.00                    | \$2,065.00                        |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b)) ..... | \$290.32                      | \$4,760.86                        |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3) .....                | 0                             | 0                                 |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....              | \$290.32                      | \$4,760.86                        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE / OF 1  
(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☒ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Monstah Pac

|  |  |   |
|--|--|---|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>David G. Eisenstein   |  | Date of Receipt<br>MM / DD / YYYY<br>10 / 09 / 2014 |
| Mailing Address<br>2588 El Camino Real, Suite F, #139  |  | Amount of Each Receipt this Period<br>\$100.00      |
| City State Zip Code<br>Carlsbad, CA 92008  |  |   |
| FEC ID number of contributing federal political committee.<br>C  |  |   |
| Name of Employer LAW OFFICES, DAVID G. EISENSTEIN, P.C.  |  | Amount of Each Receipt this Period<br>\$1,500.00    |
| Occupation Attorney  |  |   |
| Receipt For:<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |   |
| Aggregate Year-to-Date ▼<br>\$4,495.31   |  |   |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>David Golman  |  | Date of Receipt<br>MM / DD / YYYY<br>10 / 09 / 2014 |
| Mailing Address 404 Andrew Avenue, Encinitas, CA 92024   |  | Amount of Each Receipt this Period<br>\$1,500.00    |
| City State Zip Code  |  |   |
| FEC ID number of contributing federal political committee.<br>C  |  |   |
| Name of Employer N/A   |  | Amount of Each Receipt this Period<br>\$1,500.00    |
| Occupation Retired   |  |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼            |  |   |
| Aggregate Year-to-Date ▼<br>\$1,500.00   |  |   |
| <b>C.</b> Full Name (Last, First, Middle Initial)  |  | Date of Receipt<br>MM / DD / YYYY                   |
| Mailing Address not known  |  | Amount of Each Receipt this Period                  |
| City State Zip Code  |  |   |
| FEC ID number of contributing federal political committee.<br>C  |  |   |
| Name of Employer attempt made/unknown  |  | Amount of Each Receipt this Period                  |
| Occupation attempt made/unknown  |  |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼            |  |   |
| Aggregate Year-to-Date ▼   |  |   |
| SUBTOTAL of Receipts This Page (optional).....▶  |  | \$1,600.00  |
| TOTAL This Period (last page this line number only).....▶  |  | \$1,600.00  |

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1 OF 1

☐ 21b ☐ 22 ☐ 23 ☒ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
Monstah Pac

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address Box 0001

City Los Angeles State CA Zip Code 90096

Purpose of Disbursement  
operating expenditure

Candidate Name  
Darrell Issa

Office Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: ☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 49

Date of Disbursement

10 / 14 / 2014

Amount of Each Disbursement this Period

\$200.00

B. Mastro's Ocean Club--Malibu

Mailing Address 18412 Pacific Coast Hwy., Malibu, CA 90265

City Malibu State CA Zip Code 90265

Purpose of Disbursement  
operating expenditure

Candidate Name  
Darrell Issa

Office Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: ☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

10 / 03 / 2014

Amount of Each Disbursement this Period

\$60.32

C. David G. Eisenstein

Mailing Address 4027 Aidan Circle

City Carlsbad State CA Zip Code 92008

Purpose of Disbursement  
Partial repayment of loan

Candidate Name  
Darrell Issa

Office Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: ☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

10 / 14 / 2014

Amount of Each Disbursement this Period

\$1,250.00

SUBTOTAL of Disbursements This Page (optional).....▶

\$1,510.32

TOTAL This Period (last page this line number only).....▶



**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2 OF 2

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Monstah Pac

Full Name (Last, First, Middle Initial)

A. Elavon

Date of Disbursement

Mailing Address

7300 Chapman HWY

City State Zip Code  
Knoxville, TN 37920

Purpose of Disbursement

Credit Card Processing

001

Candidate Name

Darrell Issa

Category/  
Type

Amount of Each Disbursement this Period

\$20.00

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. Chase Bank

Date of Disbursement

Mailing Address

POB 659754

City State Zip Code  
San Antonio, TX 78265

Purpose of Disbursement

Banking Fees

001

Candidate Name

Darrell Issa

Category/  
Type

Amount of Each Disbursement this Period

\$10.00

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional).....▶

\$30.00

TOTAL This Period (last page this line number only).....▶

\$1,540.32

**SCHEDULE C (FEC Form 3X)**  
**LOANS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE      OF  
FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Monstah Pac

LOAN SOURCE Full Name (Last, First, Middle Initial)

David G. Eisenstein

Mailing Address

2588 El Camino Real, Suite F, #139

City

State

ZIP Code

Election:

☐ Primary

☒ General

☐ Other (specify) ▼

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

\$3,296.30

\$1,250.00

\$3,782.31

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

MM / DD / YYYY  
04 / 01 / 2014

MM / DD / YYYY  
due on demand

5 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

**SUBTOTALS** This Period This Page (optional)..... ►

**TOTALS** This Period (last page in this line only)..... ►

\$3,782.31

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C-1 (FEC Form 3X)****LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS**

Federal Election Commission, Washington, D.C. 20463

Supplementary for  
Information found on  
Page \_\_\_\_ of Schedule C

|  |                   |   |  |
|--|-------------------|---|--|
| NAME OF COMMITTEE (In Full)  |                   | FEC IDENTIFICATION NUMBER<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">C</div>   |  |
| LENDING INSTITUTION (LENDER)<br>Full Name  |                   | Amount of Loan<br><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>   | Interest Rate (APR)<br><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> % |
| Mailing Address  |                   | Date Incurred or Established<br><div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px; width: 20px;"></div><div style="border: 1px solid black; padding: 2px; width: 20px;"></div><div style="border: 1px solid black; padding: 2px; width: 20px;"></div></div> |  |
| City   | State    Zip Code | Date Due<br><div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px; width: 20px;"></div><div style="border: 1px solid black; padding: 2px; width: 20px;"></div><div style="border: 1px solid black; padding: 2px; width: 20px;"></div></div>                     |  |
| A. Has loan been restructured? <input type="checkbox"/> No <input type="checkbox"/> Yes      If yes, date originally incurred <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px; width: 20px;"></div><div style="border: 1px solid black; padding: 2px; width: 20px;"></div><div style="border: 1px solid black; padding: 2px; width: 20px;"></div></div>  |                   |   |  |
| B. If line of credit,<br>Amount of this Draw: <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>  |                   | Total<br>Outstanding<br>Balance: <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>  |  |
| C. Are other parties secondarily liable for the debt incurred?<br><input type="checkbox"/> No <input type="checkbox"/> Yes (Endorsers and guarantors must be reported on Schedule C.)  |                   |   |  |
| D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?<br><input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____  |                   | What is the value of this collateral?<br><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div><br>Does the lender have a perfected security interest in it? <input type="checkbox"/> No <input type="checkbox"/> Yes  |  |
| E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____   |                   | What is the estimated value?<br><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>   |  |
| A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).<br>Date account established: <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px; width: 20px;"></div><div style="border: 1px solid black; padding: 2px; width: 20px;"></div><div style="border: 1px solid black; padding: 2px; width: 20px;"></div></div>   |                   | Location of account:<br>Address: _____<br>City, State, Zip: _____   |  |
| F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.  |                   |   |  |
| G. COMMITTEE TREASURER<br>Typed Name<br>Signature  |                   | DATE<br><div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px; width: 20px;"></div><div style="border: 1px solid black; padding: 2px; width: 20px;"></div><div style="border: 1px solid black; padding: 2px; width: 20px;"></div></div>                         |  |
| H. Attach a signed copy of the loan agreement.   |                   |   |  |
| I. TO BE SIGNED BY THE LENDING INSTITUTION:<br>I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.<br>II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.<br>III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan. |                   |   |  |
| AUTHORIZED REPRESENTATIVE<br>Typed Name<br>Signature   |                   | DATE<br><div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px; width: 20px;"></div><div style="border: 1px solid black; padding: 2px; width: 20px;"></div><div style="border: 1px solid black; padding: 2px; width: 20px;"></div></div>                         |  |
| Title  |                   |   |  |

1403-1362-4802

|                                      |    |
|--------------------------------------|----|
| PAGE                                 | OF |
| FOR LINE NUMBER:<br>(check only one) |    |
| <input checked="" type="checkbox"/>  | 9  |
| <input type="checkbox"/>             | 10 |

## Monstah Pac

|                           |  |
|---------------------------|--|
| Nature of Debt (Purpose): |  |
|---------------------------|--|

Credit card balance owed  
of 10/15/14

Box 0001

|                 |       |          |
|-----------------|-------|----------|
| City            | State | Zip Code |
| Los Angeles, CA |       | 90096    |

**\$2,922.99**

**Outstanding Balance at Close of This Period**

**\$60.32**

**\$200.00**

**\$2,783.31**

|                                  |  |
|----------------------------------|--|
| <b>Nature of Debt (Purpose):</b> |  |
|----------------------------------|--|

| City | State | Zip Code |
|------|-------|----------|
|------|-------|----------|

**Outstanding Balance at Close of This Period**

|                                  |  |
|----------------------------------|--|
| <b>Nature of Debt (Purpose):</b> |  |
|----------------------------------|--|

| City | State | Zip Code |
|------|-------|----------|
|------|-------|----------|

Outstanding Balance at Close of This Period

4) **ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)** ▶

**\$2,922.29**

\$3,782.31

**\$6,704.60**

W084 - 1101 - 4800M

FEC Schedule E (Form 3X) Rev. 09/2013

**ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY  
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)  
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE  
(2 U.S.C. §441a(d))**

(To be used only by Political Committees in the General Election)

|                        |    |
|------------------------|----|
| PAGE                   | OF |
| FOR LINE 25 OF FORM 3X |    |

| NAME OF COMMITTEE (In Full)  |  |  |  |
|--|--|--|--|
| Has your committee been designated to make coordinated expenditures by a political party committee?<br><input type="checkbox"/> YES <input type="checkbox"/> NO<br>If YES, name the designating committee: |  | Full Name of Subordinate Committee<br><br>Mailing Address<br><br>City _____ State _____ ZIP Code _____   |  |
| Full Name (Last, First, Middle Initial) of Each Payee<br><br>Mailing Address<br><br>City _____ State _____ Zip Code _____  |  | <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">           Purpose of Expenditure<br/><br/>           Date<br/>           MM / DD / YYYY<br/>           Amount<br/>           _____         </div> <div style="width: 35%; text-align: center;"> <input style="width: 100%;" type="text"/><br/>           Category/<br/>Type         </div> </div> |  |
| Name of Federal Candidate Supported _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential<br>State: _____ District: _____              |  | Aggregate General Election Expenditure for this Candidate ▶ _____  |  |
| Full Name (Last, First, Middle Initial) of Each Payee<br><br>Mailing Address<br><br>City _____ State _____ Zip Code _____  |  | <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">           Purpose of Expenditure<br/><br/>           Date<br/>           MM / DD / YYYY<br/>           Amount<br/>           _____         </div> <div style="width: 35%; text-align: center;"> <input style="width: 100%;" type="text"/><br/>           Category/<br/>Type         </div> </div> |  |
| Name of Federal Candidate Supported _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential<br>State: _____ District: _____              |  | Aggregate General Election Expenditure for this Candidate ▶ _____  |  |
| Full Name (Last, First, Middle Initial) of Each Payee<br><br>Mailing Address<br><br>City _____ State _____ Zip Code _____  |  | <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">           Purpose of Expenditure<br/><br/>           Date<br/>           MM / DD / YYYY<br/>           Amount<br/>           _____         </div> <div style="width: 35%; text-align: center;"> <input style="width: 100%;" type="text"/><br/>           Category/<br/>Type         </div> </div> |  |
| Name of Federal Candidate Supported _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential<br>State: _____ District: _____              |  | Aggregate General Election Expenditure for this Candidate ▶ _____  |  |
| Full Name (Last, First, Middle Initial) of Each Payee<br><br>Mailing Address<br><br>City _____ State _____ Zip Code _____  |  | <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">           Purpose of Expenditure<br/><br/>           Date<br/>           MM / DD / YYYY<br/>           Amount<br/>           _____         </div> <div style="width: 35%; text-align: center;"> <input style="width: 100%;" type="text"/><br/>           Category/<br/>Type         </div> </div> |  |
| Name of Federal Candidate Supported _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential<br>State: _____ District: _____              |  | Aggregate General Election Expenditure for this Candidate ▶ _____  |  |
| SUBTOTAL of Expenditures This Page (optional).....▶  |  | _____  |  |
| TOTAL This Period (last page this line number only).....▶  |  | _____  |  |

144-1234-4807

**SCHEDULE H1 (FEC Form 3X)**

**METHOD OF ALLOCATION FOR:**

- **ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS**
- **ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committees Only)**
- **ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE) (Separate Segregated Funds And Nonconnected Committees Only)**

NAME OF COMMITTEE (In Full)

**USE ONLY ONE SECTION, A or B**

**A. State and Local Party Committees**

**Fixed Percentage (select one)**

- \_\_\_\_\_ Presidential-Only Election Year (28% Federal)
- \_\_\_\_\_ Presidential and Senate Election Year (36% Federal)
- \_\_\_\_\_ Senate-Only Election Year (21% Federal)
- \_\_\_\_\_ Non-Presidential and Non-Senate Election Year (15% Federal)

**B. Separate Segregated Funds and Nonconnected Committees**

**Flat Minimum Federal Percentage**

If the committee will allocate using the flat minimum percentage of 50% federal funds, check ☐

**or**

If the committee is spending more than 50% federal funds, indicate ratio below

Federal.....  %

Nonfederal .....  %

This ratio applies to (check all that apply):

Administrative ☐      Generic Voter Drive ☐      Public Communications Referencing Party Only ☐

**SCHEDULE H2 (FEC Form 3X)**  
**ALLOCATION RATIOS**

PAGE OF

NAME OF COMMITTEE (In Full)

**RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT  
 ACTIVITIES APPEARING ON THIS REPORT.**

Methods of allocation:

- I. FUNDRAISING activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.
- II. Shared **DIRECT CANDIDATE SUPPORT** activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity. **For PACs Only:** Direct candidate support includes public communications or voter drives that refer to both federal and nonfederal candidates, regardless of whether there is a reference to a political party. Such expenses are allocated using a time/space method.

|  |  |   |
|--|--|---|
| ACTIVITY OR EVENT IDENTIFIER<br><hr/> ACTIVITY IS:<br><input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support<br>CHECK IF THE RATIO IS:<br><input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported | FEDERAL %<br><div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> % | NONFEDERAL %<br><div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> % |
| ACTIVITY OR EVENT IDENTIFIER<br><hr/> ACTIVITY IS:<br><input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support<br>CHECK IF THE RATIO IS:<br><input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported | FEDERAL %<br><div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> % | NONFEDERAL %<br><div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> % |
| ACTIVITY OR EVENT IDENTIFIER<br><hr/> ACTIVITY IS:<br><input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support<br>CHECK IF THE RATIO IS:<br><input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported | FEDERAL %<br><div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> % | NONFEDERAL %<br><div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> % |
| ACTIVITY OR EVENT IDENTIFIER<br><hr/> ACTIVITY IS:<br><input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support<br>CHECK IF THE RATIO IS:<br><input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported | FEDERAL %<br><div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> % | NONFEDERAL %<br><div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> % |
| ACTIVITY OR EVENT IDENTIFIER<br><hr/> ACTIVITY IS:<br><input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support<br>CHECK IF THE RATIO IS:<br><input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported | FEDERAL %<br><div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> % | NONFEDERAL %<br><div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> % |
| ACTIVITY OR EVENT IDENTIFIER<br><hr/> ACTIVITY IS:<br><input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support<br>CHECK IF THE RATIO IS:<br><input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported | FEDERAL %<br><div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> % | NONFEDERAL %<br><div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> % |



**SCHEDULE H3 (FEC Form 3X)  
TRANSFERS FROM NONFEDERAL ACCOUNTS FOR  
ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

|                         |    |
|-------------------------|----|
| PAGE                    | OF |
| FOR LINE 18a OF FORM 3X |    |

NAME OF COMMITTEE (In Full)

NAME OF ACCOUNT

DATE OF RECEIPT

TOTAL AMOUNT TRANSFERRED

**BREAKDOWN OF TRANSFER RECEIVED**

i) Total Administrative .....

ii) Generic Voter Drive .....

iii) Exempt Activities .....

iv) Direct Fundraising (List Activity or Event Identifier)

a) .....

b) .....

c) Total Amount Transferred For Direct Fundraising .....

v) Direct Candidate Support (List Activity or Event Identifier)

a) .....

b) .....

c) Total Amount Transferred For Direct Candidate Support .....

vi) Public Communications Referring Only to Party (Made by PAC) .....

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED**

TOTAL This Period (Administrative) .....

TOTAL This Period (Generic Voter Drive) .....

TOTAL This Period (Exempt Activities) .....

TOTAL This Period (Direct Fundraising) .....

TOTAL This Period (Direct Candidate Support) .....

TOTAL This Period (Public Communications Referring Only to Party) .....

TOTAL This Period (Total Amount Transferred) .....

140M14M14001

**SCHEDULE H4 (FEC Form 3X)**  
**DISBURSEMENTS FOR ALLOCATED**  
**FEDERAL/NONFEDERAL ACTIVITY**

PAGE      OF  
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

|  |       |                   |   |  |   |              |
|--|-------|-------------------|---|--|---|--------------|
| A. Full Name (Last, First, Middle Initial) |       |                   | Allocated Activity or Event:<br><input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt<br><input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support<br><input type="checkbox"/> Public Comm (ref to party only) by PAC |  |   |              |
| Mailing Address                            |       |                   | Allocated Activity or Event Year-To-Date  |  |   |              |
| City                                       | State | Zip Code          | Date  |  |   |              |
| Purpose of Disbursement:                   |       | Category/<br>Type | Date  |  |   |              |
| Activity or Event Identifier:              |       |                   | Date  |  |   |              |
| FEDERAL SHARE                              |       | +                 | NONFEDERAL SHARE  |  | = | TOTAL AMOUNT |
|  |       |                   |   |  |   |              |

|  |       |                   |   |  |   |              |
|--|-------|-------------------|---|--|---|--------------|
| B. Full Name (Last, First, Middle Initial) |       |                   | Allocated Activity or Event:<br><input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt<br><input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support<br><input type="checkbox"/> Public Comm (ref to party only) by PAC |  |   |              |
| Mailing Address                            |       |                   | Allocated Activity or Event Year-To-Date  |  |   |              |
| City                                       | State | Zip Code          | Date  |  |   |              |
| Purpose of Disbursement:                   |       | Category/<br>Type | Date  |  |   |              |
| Activity or Event Identifier:              |       |                   | Date  |  |   |              |
| FEDERAL SHARE                              |       | +                 | NONFEDERAL SHARE  |  | = | TOTAL AMOUNT |
|  |       |                   |   |  |   |              |

|  |       |                   |   |  |   |              |
|--|-------|-------------------|---|--|---|--------------|
| C. Full Name (Last, First, Middle Initial) |       |                   | Allocated Activity or Event:<br><input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt<br><input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support<br><input type="checkbox"/> Public Comm (ref to party only) by PAC |  |   |              |
| Mailing Address                            |       |                   | Allocated Activity or Event Year-To-Date  |  |   |              |
| City                                       | State | Zip Code          | Date  |  |   |              |
| Purpose of Disbursement:                   |       | Category/<br>Type | Date  |  |   |              |
| Activity or Event Identifier:              |       |                   | Date  |  |   |              |
| FEDERAL SHARE                              |       | +                 | NONFEDERAL SHARE  |  | = | TOTAL AMOUNT |
|  |       |                   |   |  |   |              |

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

|  |  |   |                  |  |   |              |
|--|--|---|------------------|--|---|--------------|
| FEDERAL SHARE  |  | + | NONFEDERAL SHARE |  | = | TOTAL AMOUNT |
|  |  |   |                  |  |   |              |
| <b>TOTAL</b> This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii)) |  |   |                  |  |   |              |
| FEDERAL SHARE  |  |   | NONFEDERAL SHARE |  |   | TOTAL AMOUNT |
|  |  |   |                  |  |   |              |

**SCHEDULE H5 (FEC Form 3X)**

**TRANSFERS OF LEVIN FUNDS RECEIVED FOR  
ALLOCATED FEDERAL ELECTION ACTIVITY**

(To be used by State, District and Local Party Committees Only)

PAGE      OF  
FOR LINE 18b OF FORM 3X

NAME OF COMMITTEE (In Full)

NAME OF ACCOUNT

DATE OF RECEIPT

TOTAL AMOUNT TRANSFERRED

**BREAKDOWN OF THIS TRANSFER**

**i) Voter Registration**

Total Amount Transferred for Voter Registration.....

VOTER REGISTRATION

**ii) Voter ID**

Total Amount Transferred for Voter ID .....

VOTER ID

**iii) GOTV**

Total Amount Transferred for GOTV .....

GOTV

**iv) Generic Campaign Activity**

Total Amount Transferred for Generic Campaign Activity .....

GENERIC CAMPAIGN ACTIVITY

NAME OF ACCOUNT

DATE OF RECEIPT

TOTAL AMOUNT TRANSFERRED

**BREAKDOWN OF THIS TRANSFER**

**i) Voter Registration**

Total Amount Transferred for Voter Registration.....

VOTER REGISTRATION

**ii) Voter ID**

Total Amount Transferred for Voter ID .....

VOTER ID

**iii) GOTV**

Total Amount Transferred for GOTV .....

GOTV

**iv) Generic Campaign Activity**

Total Amount Transferred for Generic Campaign Activity .....

GENERIC CAMPAIGN ACTIVITY

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Page Only)**

TOTAL This Period (Voter Registration).....

TOTAL This Period (Voter ID) .....

TOTAL This Period (GOTV).....




TOTAL This Period (Generic Campaign Activity).....

TOTAL This Period (Total Amount of Transfers Received).....

140M 140M 40000

140N-174-108-10

|                             |
|-----------------------------|
| NAME OF COMMITTEE (In Full) |
|-----------------------------|

| FEDERAL SHARE   | + | LEVIN SHARE   | = | TOTAL AMOUNT   |
|---|---|---|---|--|
|  |   |  |   |  |

FEC Schedule H6 (Form 3X) Rev. 02/2003

14031-13712-4811

FE6AN026

**SCHEDULE L-A (FEC Form 3X)**  
**ITEMIZED RECEIPTS OF LEVIN FUNDS**

Use separate schedule(s)  
for each category of the  
Aggregation Page

PAGE OF

FOR LINE NUMBER:  
(check only one) ☐ 1a ☐ 2

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Full Name (Last, First, Middle Initial) / Full Organization Name

A.

Mailing Address

City

State

Zip Code

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

XXXXXXXXXXXX

Aggregate Year-to-Date

XXXXXXXXXXXX

Full Name (Last, First, Middle Initial) / Full Organization Name

B.

Mailing Address

City

State

Zip Code

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

XXXXXXXXXXXX

Aggregate Year-to-Date

XXXXXXXXXXXX

Full Name (Last, First, Middle Initial) / Full Organization Name

C.

Mailing Address

City

State

Zip Code

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

XXXXXXXXXXXX

Aggregate Year-to-Date

XXXXXXXXXXXX

Full Name (Last, First, Middle Initial) / Full Organization Name

D.

Mailing Address

City

State

Zip Code

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

XXXXXXXXXXXX

Aggregate Year-to-Date

XXXXXXXXXXXX

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

XXXXXXXXXXXX

XXXXXXXXXXXX

140001-140001-48112



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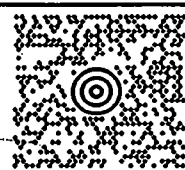
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DAVID EISENSTEIN, ESQ.  
7607307900  
EISENSTEIN LAW OFFICE  
4027 AIDAN CIRCLE  
CARLSBAD CA 92008

0.0 LBS LTR 1 OF 1

**SHIP TO:**  
FEDERAL ELECTION COMMISSION  
999 E STREET, N.W.  
WASHINGTON DC 20463-0001



**MD 201 9-83**



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**1**



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